

United States Court of Appeals
FOR THE DISTRICT OF COLUMBIA CIRCUIT

No. 07-7034

September Term, 2006

02mc00435

Filed On: May 2, 2007 [1038113]

Elena Sturdza,
Appellant

v.

United Arab Emirates, et al.,
Appellees

ORDER

Because appellant has not paid the appellate docketing fee in this case, it is

ORDERED, on the court's own motion, that by June 1, 2007, appellant either pay the \$455 appellate docketing and filing fees to the Clerk of the District Court, see Fed. R. App. P. 3(e); 28 U.S.C. § 1917, or file a motion for leave to proceed on appeal in forma pauperis in this court.

Appellant's failure to respond to a dispositive motion or comply with any order of the court, including this order, will result in dismissal of the appeal for lack of prosecution. See D.C. Cir. Rule 38.

The Clerk is directed to send a copy of this order to appellant by certified mail, return receipt requested, and by first-class mail.

FOR THE COURT:
Mark J. Langer, Clerk

BY:
MaryAnne McMain
Deputy Clerk

Attachments:

(1) Motion for Leave to Proceed on Appeal In Forma Pauperis

United States Court of Appeals

FOR THE DISTRICT OF COLUMBIA CIRCUIT

USCA No. _____

v.

USDC No. _____

MOTION FOR LEAVE TO PROCEED ON APPEAL IN FORMA PAUPERIS

I, _____, declare that I am the
 appellant/petitioner appellee/respondent in the above-entitled proceeding. In support of this motion to proceed on appeal without being required to prepay fees, costs or give security therefor, I state that because of my poverty I am unable to prepay the costs of said proceeding or to give security therefor. My affidavit or sworn statement is attached.

I believe I am entitled to relief. The issues that I desire to present on appeal/review are as follows: (*Provide a statement of the issues you will present to the court. You may continue on the other side of this sheet if necessary.*)

Signature _____

Name of *Pro Se* Litigant (PRINT) _____

Address _____

Submit original with a certificate of service to:

Clerk of Court
United States Court of Appeals
for the District of Columbia Circuit
E. Barrett Prettyman U.S. Courthouse, Room 5423
333 Constitution Avenue, N.W.
Washington, DC 20001

United States Court of Appeals

FOR THE DISTRICT OF COLUMBIA CIRCUIT

USCA No. _____

v.

USDC No. _____

AFFIDAVIT ACCOMPANYING MOTION FOR PERMISSION TO APPEAL IN FORMA PAUPERIS

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed: _____

Date: _____

My issues on appeal are:

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$_____	\$_____	\$_____	\$_____
Self-employment	\$_____	\$_____	\$_____	\$_____
Income from real property (such as rental income)	You \$_____	Spouse \$_____	You \$_____	Spouse \$_____
Interest and dividends	\$_____	\$_____	\$_____	\$_____
Gifts	\$_____	\$_____	\$_____	\$_____
Alimony	\$_____	\$_____	\$_____	\$_____
Child support	\$_____	\$_____	\$_____	\$_____
Retirement (such as social security, pensions, annuities, insurance)	\$_____	\$_____	\$_____	\$_____
Disability (such as social security, insurance payments)	\$_____	\$_____	\$_____	\$_____
Unemployment payments	\$_____	\$_____	\$_____	\$_____
Public-assistance (such as welfare)	\$_____	\$_____	\$_____	\$_____
Other (specify): _____	\$_____	\$_____	\$_____	\$_____
Total monthly income:	\$_____	\$_____	\$_____	\$_____

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay

4. How much cash do you and your spouse have? \$_____

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
		\$_____	\$_____
		\$_____	\$_____
		\$_____	\$_____

If you are a prisoner, seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other real estate (Value)	Motor vehicle #1 (Value) Make & year: _____ Model: _____ Registration #: _____

Motor vehicle #2 (Value) Make & year: _____ Model: _____ Registration #: _____	Other Assets (Value)	Other Assets (Value)

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
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7. State every person, business, or organization to whom you or your spouse owes money, the nature of the indebtedness, and the amount owed.

Person to whom you or your spouse owe money	Nature of indebtedness (e.g., mortgage, credit card)	Amount owed by you	Amount owed by spouse
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8. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
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9. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ _____	\$ _____

Are real-estate taxes included? [] Yes [] No
Is property insurance included? [] Yes [] No

	You	Spouse
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ _____	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____

You

Spouse

Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Laundry and dry-cleaning	\$ _____	\$ _____
Medical and dental expenses	\$ _____	\$ _____
Transportation (not including motor vehicle payments)	\$ _____	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Insurance (not deducted from wages or included in mortgage payments)	\$ _____	\$ _____
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments) (specify): _____	\$ _____	\$ _____
Installment payments	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Credit card (name): _____	\$ _____	\$ _____
Department store (name): _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
Total monthly expenses:	\$ _____	\$ _____

10. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months? [] Yes [] No

If yes, describe on an attached sheet.

11. Have you paid—or will you be paying—an attorney any money for services in connection with this case, including the completion of this form? [] Yes [] No

If yes, how much? \$ _____

If yes, state the attorney's name, address, and telephone number:

12. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form? [] Yes [] No

If yes, how much? \$ _____

If yes, state the person's name, address, and telephone number:

13. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

14. State the address of your legal residence.

Your daytime phone number: (_____) _____

Your age: _____ Your years of schooling: _____

Your social-security number: _____

